

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 2277  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH  
 County Gila State Arizona  
 District or Township \_\_\_\_\_ of Village \_\_\_\_\_  
 City Bellevue No. La General Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 If child is not yet named, make supplemental report, as directed.

2. Full name of child Robert Samuel Rye

Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other born 6. Legitimate? yes 7. Date of birth April 30-1930  
 5. No., in order of birth 1 } Month Day Year

8. FATHER  
 Full name George H. Rye  
 9. Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Fla.  
 10. Color or race White 11. Age at last birthday 34 (Years)  
 12. Birthplace (city or place) Ely  
 (State or country) Missn.  
 13. Occupation Principal  
 Nature of Industry High School

14. MOTHER  
 Full maiden name Mayme M. Nesting  
 15. Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Fla.  
 16. Color or race Wh 17. Age at last birthday 34 (Years)  
 18. Birthplace (city or place) Fargo  
 (State or country) North Dakota  
 19. Occupation H W.  
 Nature of Industry \_\_\_\_\_

20. Number of children of this mother 2 } (a) Born alive and now living 2  
 (Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0  
 } (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12:45 P. on the date above stated.  
(Born alive or stillborn)

Signature Charles E. Brown  
 \_\_\_\_\_  
 (Physician or midwife.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report. \_\_\_\_\_  
 Month, day, year  
995-430-657  
 Registrar.

Address \_\_\_\_\_  
 Filed 5/12 1930 G. E. Wightman  
 Registrar.